	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one) X 11a
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FED C)				PHEALTH PLAN FEDERAL PA-
Α.	Full Name (Last, First, Middle Initial) Stuart Barlow			Date of Receipt
	Mailing Address 63 Martin Dr.			08 04 2006
	City Lincroft	State NJ	Zip Code 07738	Transaction ID: SA11A1.4447 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Health Insurance Plan of NY		Controller	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Janet Bartnick			Date of Receipt
	Mailing Address 49 Dougs Lane			08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4415
	S. Jamesport	NY	11970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer HIP	Occupation Managine	n g Director, Human Resource	es
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
C.	Full Name (Last, First, Middle Initial) Carmen Bynum Mailing Address 716 Rosedale Ave			Date of Receipt
				07 07 2006
	City Bronx	State NY	Zip Code 10473	Transaction ID: SA11A1.4283
	FEC ID number of contributing federal political committee.	C	10473	Amount of Each Receipt this Period 250.00
	Name of Employer Health Insurance Plan of NY Receipt For: Primary General Other (specify) ▼		n g Director of IS e Year-to-Date ▼ 250.00	
	IIRTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only)